

**ALBERTA PALAEOONTOLOGICAL SOCIETY**  
**RELEASE, WAIVER, AND ASSUMPTION OF RISK FOR MINORS**

In consideration of the Alberta Palaeontological Society allowing me to participate in the following activity:

I, \_\_\_\_\_ the undersigned, acknowledge and certify that:

1. My child, \_\_\_\_\_, is under the age of 18 years. **Initial** \_\_\_\_\_
2. I am the parent or legal guardian of the above named child. **Initial** \_\_\_\_\_
3. My child is in good health and is adequately fit to participate in the above mentioned activity; has no medical, emotional, and/or physical conditions that could interfere with the safety of myself or others in this activity; **else** I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition(s). **Initial** \_\_\_\_\_
4. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and save harmless the persons named within this Release, Waiver, and Assumption of Risk for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Release, Waiver, and Assumption of Risk. **Initial** \_\_\_\_\_
5. I understand that participation in certain activities including the above mentioned activity can be dangerous, exposing participants to many risks and hazards (both man-made or of natural origin) some of which are inherent in the nature of the activity itself, while others result from foreseeable and unforeseeable human error and negligence and that as a result, my child may suffer serious personal injury, illness or even death, as well as property loss. These risks and hazards may include but are not limited to natural disasters, forces of nature, wild animal encounters, isolation from help, difficult evacuation, and accidents. **Initial** \_\_\_\_\_
6. By signing this Release, Waiver, and Assumption of Risk as a parent or legal guardian I acknowledge that there are risks and hazards inherent in the activity to which I am willing to expose my child. **Initial** \_\_\_\_\_
7. I, for myself and heirs, executors, administrators, personal representatives, and assigns, do hereby release the organizers of the activity, the Alberta Palaeontological Society, its affiliates and all respective members, officers, directors, employees, agents, and contractors from any and all manner of action, cause, cause of action, suit, claim, liability, or demand whatsoever in respect of or resulting from any personal injury, property loss, illness or death which my child may suffer arising out of or connected with my participation in the activity, notwithstanding that such personal injury, property loss, illness or death may have been caused solely or partly by the negligence of the organizers of the activity or any other person participating in the activity. **Initial** \_\_\_\_\_
8. I have read the within Release, Waiver, and Assumption of Risk and understand that it has the legal effect of removing all recourse whatsoever against the parties so released. **Initial** \_\_\_\_\_
9. I agree that any litigation involving the Alberta Palaeontological Society shall be brought solely within the Province of Alberta and shall be within the exclusive jurisdiction of the Courts of the province of Alberta. The participant further agrees that these conditions and any rights, duties and obligations as between the Alberta Palaeontological Society shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta and no other jurisdiction. **Initial** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_